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Under the Paperwork Reduction Act of 1995, he persons are required to respond to a collection of information unless it displays a valid OMS control number Docket Number (Optional) REISSUE APPLICATION DECLARATION BY THE INVENTOR F05-132629M/MI I hereby declare that: Each inventor's residence, mailing address and citizenship are stated below next to their name. I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number ______6546,830 B2 _, granted April 15, 2003 and for which e reissue patent is sought on the invention entitled TRANSMISSION DEVICE OF FOUR-WHEEL DRIVE VEHICLE the specification of which is attached hereto. was filed on September 8, 2003 as reissue application number 10/657,068 and was amended on March 1, 2005 (If applicable). I have reviewed and understand the contents of the above Identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications. I verily believe the driginal patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) by reason of a defective specification or drawing. by reason of the patentee claiming more or less than he had the right to claim in the patent. by reason of other errors. At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening: The transmission device of the invention was claimed too narrowly. The invention includes inventive features, such as those provided by the Examiner in '838 patent's December 12, 2002 Notice of Allowability that are applicable to both front engine-front drive (FF) based and front engine-rear drive (FR) based on four-wheel drive vehicles. Now claims 14-19 (numbered after patent insuance), have been added which are of different scope than current claims 1-13 of the '830 patent. Every error in the parent which was corrected in the present reissue application, and is not covered by a prior outs/declaration submitted in this application, arose without any describe intention on the part of the applicant.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 33 U.S.G. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 39 minutes to complete, including gathering, preparing, gird submitting the completed application form to the USPTO. Time will vary deponding upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petent and Tradematic Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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(REISSUE APPLICA	ATION DECLARATION BY THE INVE	ENTOR, page 2) Docket Number (Optional) FUS-132629M/MI			
 All errors corrected applicant. 	In this reissue application arose v	vithout any de	ceptive intenti	on on th	e part of the
Note: To appoint a p	ower of attorney, use form PTO/SB/8	1.			
Correspondence Ad	dress: Direct all communications abo	ut the application	on to:		
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City	Vicons	State	Virginia	Zip	22812-3817
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issuing thereon, or a	hat such willful false statements may my patent to which this decleration is first inventor (given name, family nam	directed.			
inventor's signature	K. Kamarowa	Date 7	27/5/	2005	1
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Mailing Address					
Full name of third joi	nt inventor (given name, family name)				
Inventor's signature		Date			
Residence		Citizenship			
Mailing Address	<u> </u>				
Additional joint inver	ntors or legal representative(s) are named on s	eparately numbere	d sheets forms P	TO/SB/02A	or 02LR attached

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